

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10261
2. Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION
3. Address: 730 17TH ST STE 610
City: DENVER State: CO Zip: 80202
4. Contact Name: Joe Richardson
Phone: (303) 242-1844
Fax:
Email: jrichardson@bayswater.us

5. API Number 05-123-26423-00
6. County: WELD
7. Well Name: KAISER
Well Number: 41-10
8. Location: QtrQtr: NENE Section: 10 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 03/17/2015
Perforations Top: 6876 Bottom: 7188 No. Holes: 268 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/29/2015 Hours: 24 Bbl oil: 13 Mcf Gas: 12 Bbl H2O: 3
Calculated 24 hour rate: Bbl oil: 13 Mcf Gas: 12 Bbl H2O: 3 GOR: 923
Test Method: flowing Casing PSI: 1110 Tubing PSI: 800 Choke Size: 1 + 2/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1200 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7160 Tbg setting date: 03/16/2015 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joe Richardson

Title: Sr Operations Engineer Date: _____ Email jrichardson@bayswater.us
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Attachment Check List

Att Doc Num **Name**

400885891	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)